COMBINED DECLARA ON FOR UTILITY OR DESIGN PATENT ATTORNEY'S DOCKET					
APPLICATION WITH POWER	PG3694USW First Names Inventor:				
	Stanley BONNEY				
( ) Declaration submitted with initial filing or	Complete if known: App No.:				
( )Declaration submitted after initial filing (surcharge r	equired 37CFR1.16(e))		Filing Date		
			Group Art Unit:		
	· <u>·</u>		Group Art Ollit.		
As below named inventor. I here	eby declare that:				
My residence, post office address and citi	zenship are as stated belo	ow next to my name.			
I believe I am the original, first and sole i (if plural names are listed below) of the su entitled:					
	MEDICAMENT C	CARRIER			
the specification of which (check only on	e item below):				
[ ]is attached hereto. OR					
[x] was filed on 19 April 2000 as Unite			nternational		
Application Number PCT/EP00/03518 f applicable)	aled_and was amended or	n (MM/DD/YYYY)	(if		
I hereby state that I have reviewed and un as amended by any amendment specifical		the above-identified specification	n, including the claims,		
I acknowledge the duty to disclose inform	nation which is material t	to patentability as defired in 37 C	FR §1.56.		
I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:					
PRIOR FOREIGN AND ANY PRIORITY CLA					
Number (s)	Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED		
1 9909357.7	GB	4/24/1999	X		
3.	<del></del> .				
4.	,				
5.	· · · · · · · · · · · · · · · · · · ·		···		
I hereby claim the benefit under Title 35, United S	tates Code §119(e) of an	y United States provisional applie	cation(s) listed below:		
Application No.	<del>,</del>	(MM/DD/YYYY)			
1.		1 82			
2.					
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4.

## COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER PG3694USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION					
	<del></del>		STATUS (Check	one)	
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED	
•					

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy Charles E. Dadswell Karen L. Prus Robert H. Brink

Lorie Ann Morgan

Reg. No. 27,655 Reg. No. 35,851 Reg. No. 39,337 Reg. No. 36,094 Reg. No. 38,181

James P. Riek Virginia C. Bennett

Reg. No. 37,092 Frank P.Grassler Reg. No. 31,164 Christopher P. Rogers Reg. No. 36,334

Reg. No. 39,009

Bonnie L. Deppenbrock Reg. No. 28,209 John L. Lemanowicz Reg. No. 37,380

Amy H. Fix Reg. No. 42,616

Send Correspondence to:

David J. Levy, Patent Counsel Corporate Intellectual Property Department GlaxoSmithKline

Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709 23347

PATENT TRADEMARK OFFICE

Direct Telephone Calls to:

James P. Riek 919-483-8022

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BONNEY	Stanley	George
2	INVENTOR'S	Signature	Stanicy	Date:
	SIGNATURE	X		X
		CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE &	Ware	GB	GB
	CITIZENSHIP			
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Durham	North Carolina 27709, US
	Ì	Five Moore Drive		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DAVIES	Michael	Birsha
	INVENTOR'S	Signature	Signature	
	SIGNATURE	X		<u>X</u>
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Ware	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Durham	North Carolina 27709, US
		Five Moore Drive		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	GODFREY	James	William
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Ware	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Durham	North Carolina 27709, US
		Five Moore Drive		l i
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	<u></u>			

## DECLARATION FOR "371" APPLICATION 1261 . D 1 1 D 2

Г	T	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	2	OF INVENTOR	HAGLUND_	Sylvia	Maria
<b>-</b> A		INVENTOR'S SIGNATURE	Signature Solution of Land	Ŭ.	Date   3 Dec 2001
T	0	RESIDENCE & CITIZENSHIP	CITY Edinburgh	STATE OR FOREIGN COUNTRY  GB GBN	COUNTRY OF CITIZENSHIP  GB
	4 <sup>-</sup>	POST OFFICE ADDRESS	POST OFFICE ADDRESS 4F1 5 Montpelier	Edinburgh	STATE & ZIP CODE/COUNTRY EN10 4LZ GB
Ī	2 -	FULL NAME OF INVENTOR	FAMILY NAME RAND	FIRST GIVEN NAME Paul	SECOND GIVEN NAME/INITIAL Kenneth
		INVENTOR'S SIGNATURE	Signature	· .	Date:
ı	ő	RESIDENCE & CITIZENSHIP	CITY Ware	STATE OR FOREIGN COUNTRY  GB	COUNTRY OF CITIZENSHIP  GB
	3	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline	CITY Durham	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
	,		Five Moore Drive		

COMBINED DECLAR APPLICATION WITH	ATTORNEY'S DOCKET PG3694USW First Names Inventor: Stanley BONNEY  Complete if known:				
( ) Declaration submitted with initial	filing or			App No.:	
( )Declaration submitted after initial	filing (surcharge re	equired 37CFR1.16(e))		Filing Date	
·				Group Art Unit:	
As below named	inventor. I here	by declare that:			
My residence, post office	address and citiz	enship are as stated belo	ow next to my name.		
I believe I am the origina (if plural names are listed entitled:	l, first and sole in below) of the su	nventor (if only one nam bject matter which is cla	te is listed below) or an original, aimed and for which a patent is	, first and joint inventor sought on the invention	
		MEDICAMENT C	ARRIER		
the specification of which	n (check only one	item below):			
[·] is attached hereto. OR [x] was filed on 19 April 2000 as United States application Serial No or PCT International Application Number PCT/EP00/03518 filed and was amended on (MM/DD/YYYY) (if applicable)  I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.  I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the					
application on which pri	ority is claimed:	•	•		
PRIOR FOREIGN AND ANY I	PRIORITY CLA	IMS UNDER 35 U.S.C	C. 119:		
Prior Foreign Application		Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED	
Number (s) 1 9909357.7		GB	4/24/1999	X	
2					
3.					
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5.					
I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:					
Application No.		Filing Date	(MM/DD/YYYY)		
1.					
2. 3.					
J				<del></del>	

PATENTED

## COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

ATTORNEY'S DOCKET NUMBER
PG3694USW

ABANDONED

STATUS (Check one)
PENDING

Continued

U.S. Parent Application or PCT Parent

Number

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

Parent Filing Date

(MM/DD/YYYY)

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H						
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact						
-	U.S. Paten	t and Trademark Office	e connected therewith. (List name and registrat	ion number)		
l					Bonnie L. Deppenbrock Reg. No. 28,209	
12			Reg. No. 27,655 James P. F Reg. No. 35.851 Virginia C	· · · · · · · · · · · · · · · · · · ·	John L. Lemanowicz Reg. No. 37,380	
"1			Reg. No. 35,851 Virginia C Reg. No. 39,337 Frank P.G.		Amy H. Fix Reg. No. 42,616	
			(tog. 110. <u>57,557</u> )	r P. Rogers Reg. No. <u>36,334</u> .		
			g. No. 38,181			
					Direct Telephone Calls to:	
	Send Co	orrespondence to:	!		Direct Telephone Cans to.	
		David J. Levy, Pater	nt Counsel	. 1881) (B. 644 (B. 1864 ) (B. 64 ) 1881	James P. Riek	
ı		Corporate Intellecti	ual Property Department	23347	919-483-8022	
		Five Moore Drive, I	PO Box 13398			
		Research Triangle I	Park, NC 27709	ATENT TRADEMARK OFFICE		
ı		I hereby declare	that all statements made herein of n	ny own knowledge are true a	nd that all statements made on	
		information and	belief are believed to be true; and fu	rther that these statements v	vere made with the knowledge that willful	
- 1		false statements	and the like so made are punishable	by fine or imprisonment, or	both, under 18 U.S.C. 1001, and that	
		such willful false	e statements may jeopardize the valid	dity of the application or any	patent issuing thereon.	
	_				SECOND GIVEN NAME/INITIAL	
		FULL NAME	FAMILY NAME	FIRST GIVEN NAME	George	
1-0	)   	OF INVENTOR	BONNEY .	<u>Stanley</u>	Date:	
•	INVENTOR'S Signature X		Signature X		12th Dec. 01	
	0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
		CITIZENSHIP	Ware	GB GBIV	GB	
		POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
	1	ADDRESS	GlaxoSmithKline	Durham	North Carolina 27709, US	
			Five Moore Drive		SECOND GIVEN NAME/INITIAL	
		FULL NAME	FAMILY NAME	FIRST GIVEN NAME  Michael	Birsha	
	2 OF INVENTOR DAVIES		DAVIES Signature	Livitchaei		
:)-	$\alpha$	INVENTOR'S SIGNATURE	X X		Date X 13th Dec 2001	
حد	0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
		CITIZENSHIP	Ware	GB GBN	GB	
		POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
	2	ADDRESS	GlaxoSmithKline	Durham	North Carolina 27709, US	
			Five Moore Drive		SECOND GIVEN NAME/INITIAL	
		FULL NAME	FAMILY NAME	FIRST GIVEN NAME	William	
	2	OF INVENTOR	GODFREY Signature	James	Deta I/A	
3-	<b>b</b> O	INVENTOR'S SIGNATURE	signature X		x 197 Dec 2001	
	0	RESIDENCE &	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
		CITIZENSHIP	Ware	GB GBN	GB	
		POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
	'3	ADDRESS	GlaxoSmithKline	Durham	North Carolina 27709, US	
	I	ł	Five Moore Drive	<b>5</b>		

ſ	2	FULL NAME OF INVENTOR	FAMILY NAME HAGLUND	first given name Sylvia	second given name/initial.  Maria
	_	INVENTOR'S SIGNATURE	Signature X		Date X
	0.	RESIDENCE & CITIZENSHIP	спу Edinburgh	STATE OR FOREIGN COUNTRY  GB	COUNTRY OF CITIZENSHIP  GB
	4 .	POST OFFICE ADDRESS	POST OFFICE ADDRESS 4F1 5 Montpelier	Edinburgh	STATE & ZIP CODE/COUNTRY EN10 4LZ GB
5	00	FULL NAME OF INVENTOR INVENTOR'S	FAMILY NAME  RAND  Signature  Vaul Cennett	FIRST GIVEN NAME Paul	SECOND GIVEN NAME/INITIAL  Kenneth  Date 201
	0	SIGNATURE RESIDENCE & CITIZENSHIP	CITY Ware	STATE OR FOREIGN COUNTRY  GB GBN	COUNTRY OF CITIZENSHIP  GB
	3	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive	Durham	North Carolina 27709, US